

Form 6

STATE OF SOUTH DAKOTA)
) SS
 COUNTY OF _____) _____ JUDICIAL CIRCUIT

IN THE INTERESTS OF,)
) No. _____
 _____,)
 Minor Child(ren))
)
 and concerning)
)
 _____, and)
 _____,)

Respondent(s).)

INDIAN CHILD WELFARE ACT
 (ICWA) AFFIDAVIT

Comes now, _____, being first duly sworn upon oath, and deposes and says:

1. That Affiant is a resident of the state of South Dakota and over the age of 18 years.
2. That Affiant is a Family services specialist for Child Protection Services.
3. That in the above capacity, the Affiant was consulted and involved concerning the removal of the children from the child(ren)'s home.
4. That _____ (DOB: _____)
 _____ (DOB _____)
 _____ (DOB _____)
 _____ (DOB _____)
 is/are residents of _____ County, South Dakota.
5. That _____ is an enrolled member with the _____ Indian Tribe or is eligible for enrollment with that Tribe according to _____.
6. That on _____, 19____, Family services specialist _____ notified the _____ Tribe by FAX that the above-named child was placed in the protective custody of the South Dakota Department of Social Services.
7. That _____ is the birth mother of _____.
8. That _____ is the birth father of _____.
9. That _____ was/were taken into emergency protective custody and was/were placed in licensed foster care on _____.
10. Family services specialist _____ has made the following efforts to comply with ICWA placement preferences:



- Inquired about potential relative placement resources in close proximity to the parent or child.
- Explored availability of Native American foster homes in close proximity to the parent or the child.

11. That returning _____, an Indian child, to his/her parents care would result in serious emotional or physical damage to the child; for the reasons stated below:

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-
-

12. The following efforts have been made to rehabilitate and reunite the family by Family services specialist _____:

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-
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13. That Affiant finds that the ICWA requirements have been met and the least restrictive alternative available in the children's best interest, is continued placement in foster care.

Further Affiant sayeth not.

Dated this _____ day of _____, 19____.

Affiant

STATE OF SOUTH DAKOTA)
)SS
COUNTY OF _____)

Subscribed and sworn to before me on _____, 1999.

(Magistrate)(Circuit Judge)(Notary Public)

My commission expires on _____

(SEAL)